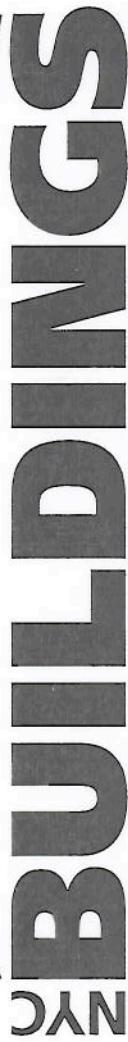


PERMIT MUST BE POSTED IN A PLACE
VISIBLE TO THE PUBLIC



Work Permit Department of Buildings

Permit Number: 201050067-01-AL

Address: BRONX 476 TIMPSON PLACE

Description of Work:

ALTI - THIS APPLICATION IS TO SUPERSEDE APPLICATION #201043272 WHICH WAS FILED IN ERROR.

Issued: 10/05/2006 Expires: 08/29/2007



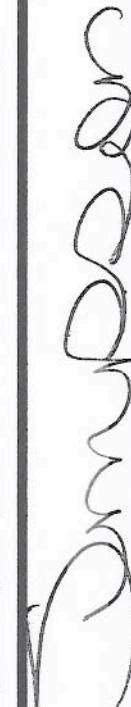
For detailed information regarding this permit, please log on to BISWeb at www.nyc.gov/buildings

Emergency Telephone Day or Night: 311

Borough Commissioner: 

Commissioner of Buildings: 

Tampering with or knowingly making a false entry in or falsely altering this permit is a crime that is punishable by a fine, imprisonment or both.




COBALT DESIGN AND CONSTRUCTION

Construction, Design, and other Engineering Services

91 McClellan ST.
BRONX, NY 10452
Office: 718-992-4470
Fax: 718-992-4300

PROPOSAL

05/15/06

To: Mel-Mar Realty Corp.
461 Timpson Place
Bronx, NY 10455

Ref.: 476 Timpson Place Construction Project

Madam/Sir

We hereby propose the following for 476 Timpson Place Construction project:

Construction of 10,000 square foot addition consisting of:

- Demolition
 - Site Preparation
 - Foundation
 - Cinder Block Wall Approximately 15 ft. high
 - Steel Support Beams
 - Metal Roof
 - (2) 12 x 8 Loading Docks with Roll Up Metal Gates

APPROXIMATELY \$55.00 PER SQUARE FOOT **\$550,000**

Payment Schedule:

- 10% due upon signing of contract
 - 15% due upon completion of site preparation
 - 25% due upon completion of pouring of foundation
 - 25% due upon completion of walls
 - 15% due upon completion of roof
 - 10% due upon entire completion of project

FRANK RIVERA
MEL-MAR REALTY CORP.

5/15/05

LARRY ATAH
COBALT DESIGN & CONSTRUCTION



HUDSON VALLEY BANK

July 8, 2008

Mr. Frank Rivera
Mel-Mar Realty, Corp.
3 Vetere Place
Mount Kisco, NY 10549

Dear Mr. Rivera:

We are pleased to notify you that Hudson Valley Bank, N.A. f/k/a Hudson Valley Bank (the "Bank") has agreed to extend the \$620,000.00 Construction Loan Mortgage Note (the existing "Note"), loan #2365501001 to Mel-Mar Realty, Corp. (the "Borrower") which matured July 1, 2008, under the following terms and conditions:

- *The Note is hereby extended to October 1, 2008.*
- *The Borrower agrees to pay an extension fee of \$1,550.00 upon the execution of this agreement.*
- *The outstanding principal balance as of this date is \$ 491,563.88.*

All other terms and conditions of the original Note dated August 9, 2006 remain unchanged except as modified herein.

Please acknowledge your acceptance of this extension by signing and returning this original letter to the undersigned.

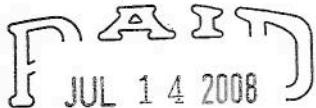
Sincerely,


Rebecca Polanco
Vice President

Acknowledged and Agreed to
This 11 day of July, 2008

Mel-Mar Realty, Corp.

By: Frank Rivera
Frank Rivera, President


JUL 14 2008
BY: 8434

Employment Application

2007 W-2 Form

2007 941 / NYS-45 Tax Form

Payroll Company Letter

Workers Compensation Records

APPLICATION FOR EMPLOYMENT**PERSONAL INFORMATION**

NAME	Amador Jose			DATE	1/22/07
LAST	FIRST	MIDDLE		SOCIAL SECURITY NUMBER	12190-6692
PRESENT ADDRESS	300 E 151 Street Bronx NY 10455			STREET	LAST
				CITY	
PERMANENT ADDRESS				STREET	STATE
PHONE NO.				REFERRED BY	

SPECIAL QUESTIONS

DO NOT ANSWER ANY OF THE QUESTIONS IN THIS FRAMED AREA UNLESS THE EMPLOYER HAS CHECKED A BOX PRECEDING A QUESTION, THEREBY INDICATING THAT THE INFORMATION IS REQUIRED FOR A BONA FIDE OCCUPATIONAL QUALIFICATION, OR DICTATED BY NATIONAL SECURITY LAWS, OR IS NEEDED FOR OTHER LEGALLY PERMISSIBLE REASONS.

Height _____ feet _____ inches
 Weight _____ lbs.

Citizen of U.S. Yes _____ No _____
 Date of Birth _____

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

EMPLOYMENT DESIRED

POSITION	WAREHOUSE HELP	DATE YOU CAN START	SALARY DESIRED
ARE YOU EMPLOYED NOW?	IF SO MAY WE INQUIRE OF YOUR PRESENT EMPLOYER?		
EVER APPLIED TO THIS COMPANY BEFORE?	WHERE?	WHEN?	

EDUCATION	NAME AND LOCATION OF SCHOOL	YEARS ATTENDED	DATE GRADUATED	SUBJECTS STUDIED
GRAMMAR SCHOOL				
HIGH SCHOOL				
COLLEGE				
TRADE, BUSINESS OR CORRESPONDENCE SCHOOL				

* The Age Discrimination in Employment Act of 1967 prohibits discrimination on the basis of age with respect to individuals who are at least 40 but less than 65 years of age.

GENERAL

SUBJECTS OF SPECIAL STUDY OR RESEARCH WORK

WHAT FOREIGN LANGUAGES DO YOU SPEAK FLUENTLY?	READ	WRITE
U.S. MILITARY OR NAVAL SERVICE	RANK	PRESENT MEMBERSHIP IN NATIONAL GUARD OR RESERVES

(CONTINUED ON OTHER SIDE)

DATE MONTH AND YEAR	NAME OF PERSON	SALARY	POSITION	REASON FOR LEAVING
FROM				
TO				
FROM				
TO				
FROM				
TO				

REFERENCES: GIVE BELOW THE NAMES OF THREE PERSONS NOT RELATED TO YOU, WHOM YOU HAVE KNOWN AT LEAST ONE YEAR

NAME	ADDRESS	BUSINESS	YEARS ACQUAINTED
1			
2			
3			

PHYSICAL RECORD:

DO YOU HAVE ANY PHYSICAL DEFECTS THAT PRECLUDE YOU FROM PERFORMING ANY WORK FOR WHICH YOU ARE BEING CONSIDERED?

WERE YOU EVER INJURED? GIVE DETAILS

HAVE YOU ANY DEFECTS IN HEARING?

IN VISION?

IN SPEECH?

IN CASE OF
EMERGENCY NOTIFY

NAME

ADDRESS

PHONE NO.

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS CALLED FOR IS CAUSE FOR DISMISSAL. FURTHER I UNDERSTAND AND AGREE THAT MY EMPLOYMENT IS FOR NO DEFINITE PERIOD AND MAY, REGARDLESS OF THE DATE OF PAYMENT OF MY WAGES AND SALARY, BE TERMINATED AT ANY TIME WITHOUT ANY PREVIOUS NOTICE.

DATE

SIGNATURE

INTERVIEWED BY

DO NOT WRITE BELOW THIS LINE

DATE

REMARKS:

NEATNESS		CHARACTER	
PERSONALITY		ABILITY	
Hired	FOR DEPT. <i>Warehouse</i>	POSITION <i>10.00/Hr WK</i>	WILL REPORT <i>400/WK</i>
		SALARY WAGES	

APPROVED: 1.

2.

3.

EMPLOYMENT MANAGER

DEPT HEAD

GENERAL MANAGER

This form has been designed to strictly comply with State and Federal fair employment practice laws prohibiting discrimination on the basis of an applicant's sex or minority status. Questions directly or indirectly reflecting such status have been included only where needed to determine a bona fide occupational qualification or for other permissible purposes. Such questions are appropriately noted on the application. Notwithstanding these efforts, Winco does not assume responsibility and hereby disclaims any liability for inclusion in this form, of any questions upon which a violation of State and Federal fair employment practice laws may be based.

Form W-2 Wage and Tax Statement 2007

EMPLOYER REFERENCE COPY - DO NOT FILE

a Control number 0021-D027 000041-000100		Void	c Employer's name, address, and ZIP code MECHANICAL HEATING SUPPLY INC 476 TIMPSON PL BRONX NY 10455		Department of the Treasury - Internal Revenue Service OMB No. 1545-0008				
b Employer's identification number 13-3524651	d Employee's social security number 127-90-6692	13 Statutory employee Retirement plan	14 Other NYSDI	15 State NY	16 State wages, tips, etc. 400.00	17 State income tax 3.73	18 Local wages, tips, etc. 400.00	19 Local income tax 3.22	20 Locality name NY NYC
		13 Third-party sick pay	14 Subtotal 1.20	e Employee's name, address, and ZIP code JOSE AMADOB 300 E 151ST STR BRONX NY 10451		19 1 Wages, tips, other compensation 400.00	20 2 Federal income tax withheld 16.73		
						19 3 Social security wages 400.00	20 4 Social security tax withheld 24.80		
						19 5 Medicare wages and tips 400.00	20 6 Medicare tax withheld 5.80		
						19 7 Social security tips	20 8 Allocated tips		
						19 9 Advance EIC payment	20 10 Dependent care benefits		
						19 11 Nonqualified plans	20		

Form 941 for 2007: Employer's QUARTERLY Federal Tax Return
 (Rev. January 2007)

Department of the Treasury - Internal Revenue Service

950107

OMB No. 1545-0029

(EIN) Employer identification number	1	3	-	3	5	2	4	6	5	1
Name (not your trade name)	MECHANICAL HEATING SUPPLY INC									
Trade name (if any)										
Address	461 TIMPSON PL									
Number	Street			Suite or room number						
BRONX				NY	10455					
City				State	ZIP code					

**Report for this Quarter of 2007
(Check one.)**

- 1: January, February, March
 2: April, May, June
 3: July, August, September
 4: October, November, December

Read the separate instructions before you fill out this form. Please type or print within the boxes.

Part 1: Answer these questions for this quarter.

1 Number of employees who received wages, tips, or other compensation for the pay period including Mar. 12 (Quarter 1), June 12 (Quarter 2), Sept. 12 (Quarter 3), Dec. 12 (Quarter 4)

1
 2
 3

2 Wages, tips, and other compensation

Check and go to line 6.

3 Total income tax withheld from wages, tips, and other compensation

4 If no wages, tips, and other compensation are subject to social security or Medicare tax

5 Taxable social security and Medicare wages and tips:

Column 1

Column 2

5a Taxable social security wages	<input type="text" value="176089.55"/>	x .124 =	<input type="text" value="21835.10"/>
5b Taxable social security tips	<input type="text" value=""/>	x .124 =	<input type="text" value=""/>
5c Taxable Medicare wages & tips	<input type="text" value="176089.55"/>	x .029 =	<input type="text" value="5106.60"/>

5d Total social security and Medicare taxes (Column 2, lines 5a + 5b + 5c = line 5d) 5d

6 Total taxes before adjustments (lines 3 + 5d = line 6) 6

7 TAX ADJUSTMENTS (Read the instructions for line 7 before completing lines 7a through 7h.):

7a Current quarter's fractions of cents	<input type="text" value="20"/>
7b Current quarter's sick pay	<input type="text" value=""/>
7c Current quarter's adjustments for tips and group-term life insurance	<input type="text" value=""/>
7d Current year's income tax withholding (attach Form 941c)	<input type="text" value=""/>
7e Prior quarters' social security and Medicare taxes (attach Form 941c)	<input type="text" value=""/>
7f Special additions to federal income tax (attach Form 941c)	<input type="text" value=""/>
7g Special additions to social security and Medicare (attach Form 941c)	<input type="text" value=""/>
7h TOTAL ADJUSTMENTS (Combine all amounts: lines 7a through 7g.)	<input type="text" value="20"/> 7h
8 Total taxes after adjustments (Combine lines 6 and 7h.)	<input type="text" value="53374.12"/> 8
9 Advance earned income credit (EIC) payments made to employees	<input type="text" value=""/>
10 Total taxes after adjustment for advance EIC (lines 8 - 9 = line 10)	<input type="text" value="53374.12"/> 10
11 Total deposits for this quarter, including overpayment applied from a prior quarter	<input type="text" value="53374.12"/> 11
12 Balance due (If line 10 is more than line 11, write the difference here.) Make checks payable to the <i>United States Treasury</i>	<input type="text" value=""/> 12

13 Overpayment (If line 11 is more than line 10, write the difference here.)

Check one Apply to next return.
 Send a refund.

► You MUST fill out both pages of this form and SIGN it.

Next →

Name (not your trade name)

MECHANICAL HEATING SUPPLY INC

Employer identification number (EIN)

13-3524651

Part 2: Tell us about your deposit schedule and tax liability for this quarter.

If you are unsure about whether you are a monthly schedule depositor or a semiweekly schedule depositor, see *Pub. 15 (Circular E)*, section 11.

14 M U Write the state abbreviation for the state where you made your deposits OR write "MU" if you made your deposits in *multiple* states.

15 Check one: Line 10 is less than \$2,500. Go to Part 3.

You were a monthly schedule depositor for the entire quarter. Fill out your tax liability for each month. Then go to Part 3.

Tax liability: Month 1

Month 2

Month 3

Total liability for quarter Total must equal line 10.

You were a semiweekly schedule depositor for any part of this quarter. Fill out *Schedule B (Form 941): Report of Tax Liability for Semiweekly Schedule Depositors*, and attach it to this form.

Part 3: Tell us about your business. If a question does NOT apply to your business, leave it blank.

16 If your business has closed or you stopped paying wages Check here, and

enter the final date you paid wages

17 If you are a seasonal employer and you do not have to file a return for every quarter of the year Check here.

Part 4: May we speak with your third-party designee?

Do you want to allow an employee, a paid tax preparer, or another person to discuss this return with the IRS? See the instructions for details.

Yes. Designee's name

Phone

Personal Identification Number (PIN)

No.

Part 5: Sign here. You MUST fill out both sides of this form and SIGN it.

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.



Sign your name here

REFERENCE COPY PREPARED BY PAYCHEX. DO NOT FILE.

Print name and title

ATTY-IN-FACT

Date

03/31/07

Phone

(585) 336-7600

Part 6: For PAID preparers only (optional)

Paid Preparer's
Signature

Firm's name

Address

EIN

Date

ZIP code

/ / Phone

SSN/PTIN

Check if you are self-employed

950307

Schedule B (Form 941):**Report of Tax Liability for Semiweekly Schedule Depositors**

(Rev. January 2007)

Department of the Treasury - Internal Revenue Service

OMB No. 1545-0029

(EIN)

Employer identification number

1 3 - 3 5 2 4 6 5 1

Name (not your trade name)

MECHANICAL HEATING SUPPLY INC

Calendar Year

2 0 0 7

(Also check quarter)

**Report for this Quarter of 2007
(Check one.)**

- 1: January, February, March
- 2: April, May, June
- 3: July, August, September
- 4: October, November, December

Use this schedule to show your TAX LIABILITY for the quarter; DO NOT use it to show your deposits. You must fill out this form and attach it to Form 941 (or Form 941-SS) if you are a semiweekly schedule depositor or became one because your accumulated tax liability on any day was \$100,000 or more. Write your daily tax liability on the numbered space that corresponds to the date wages were paid. See Section 11 in Pub. 15 (*Circular E*), *Employer's Tax Guide*, for details.

Month 1

1	■	9	■	17	■	25	■
2	■	10	■	18	■	26	■
3	■	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	7603.95	■	13	■	21	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 1

15180.28

Month 2

1	■	9	■	17	■	25	■
2	■	7574.63	■	10	■	18	■
3	■	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	■	29	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 2

15371.29

Month 3

1	■	9	■	17	■	25	■
2	■	7612.68	■	10	■	18	■
3	■	11	■	19	■	27	■
4	■	12	■	20	■	28	■
5	■	13	■	21	■	29	■
6	■	14	■	22	■	30	■
7	■	15	■	23	■	31	■
8	■	16	■	24	■		

Tax liability for Month 3

22822.55

Fill in your total liability for the quarter (Month 1 + Month 2 + Month 3) = Total tax liability for the quarter
 Total must equal line 10 on Form 941 (or line 8 on Form 941-SS).

Total liability for the quarter

53374.12

NYS-45-MN
(1/05)Quarterly Combined Withholding, Wage Reporting,
And Unemployment Insurance Return

40515113

Reference these numbers in all correspondence:

UI Employer registration number 5557263 8

Mark an X in only one box to indicate the quarter (a separate return must be completed for each quarter) and enter the tax year.

Withholding identification number 133524651 1

Jan 1 - Mar 31 1	Apr 1 - Jun 30 2	July 1 - Sep 30 3	Oct 1 - Dec 31 4	Tax year 07 YY
------------------------	------------------------	-------------------------	------------------------	----------------------

Employer legal name:

MECHANICAL HEATING SUPPLY INC**Number of employees**

Enter the number of full-time and part-time covered employees who worked during or received pay for the week that includes the 12th day of each month.

a. First month

13

b. Second month

15

c. Third month

14

Part A - Unemployment insurance (UI) information**Part B - Withholding tax (WT) information**

0021-D027 07090 TAXPAY®

1. Total remuneration paid this quarter..... 177015.00
2. Remuneration paid this quarter to each employee in excess of \$8,500 since January 1.... 79190.00
3. Wages subject to contribution (subtract line 2 from line 1).... 97825.00
4. UI contributions due
Enter your Tax rate 4.025 %.... 3937.46
5. Re-employment service fund (multiply line 3 x .00075)..... 73.37
6. UI previously underpaid with interest 0.00
7. Total of lines 4, 5, and 6..... 4010.83
8. Enter UI previously overpaid ... 0.00
9. **Total UI amounts due (if line 7 is greater than line 8, enter difference).** 4010.83
10. **Total UI overpaid (if line 8 is greater than line 7, enter difference and mark box 11 below)***
11. Apply to outstanding liabilities and/or refund.....

12. New York State tax withheld..... 8197.62
13. City of New York tax withheld..... 1682.22
14. City of Yonkers tax withheld..... 0.00
15. Total tax withheld (add lines 12, 13 and 14)..... 9879.84
16. WT credit from previous quarter's return (see instr.) 0.00
17. Form NY S-1 payments made for quarter..... 9879.84
18. Total payments (add lines 16 and 17)..... 9879.84
19. **Total WT amount due (if line 15 is greater than line 18, enter difference)** 0.00
20. Total WT overpaid(if line 18 is greater than line 15, enter difference here and mark an X in 20a or 20b)* 0.00
- 20a. Apply to outstanding liabilities and/or refund..... **or**
- 20b. Credit to next quarter withholding tax.....

21. **Total payment due (add lines 9 and 19; Make one remittance payable to NYS Employment Taxes).** 4010.83

* An overpayment of either tax cannot be used to offset the amount due on the other tax.
Complete Parts D and E on back of form, if required. This is a scannable form; please file the original.

Part C -- Employee wage and withholding information

Quarterly employee/payee wage reporting information (if more than five employees or if reporting other wages, do not make entries in this section; complete Form NYS-45-ATT)

Annual wage and withholding totals
If this return is for the 4th quarter or the last return you will be filing for the calendar year, complete columns d and e.

a Social security number

b Last name, first name, middle initial

c UI total remuneration/gross wages paid this quarter

d Gross wages or distribution

e Total tax withheld (see instructions)

WAGES FILED ON MAGNETIC TAPE**Totals (column c must equal remuneration on line 1; see instructions for exceptions)**

Sign your return: I certify that the information on this return and any attachments is to the best of my knowledge and belief true, correct, and complete.

Taxpayer's signature

REFERENCE COPY PREPARED BY PAYCHEX

Signer's name (please print)

Title

DO NOT FILE

Date

Telephone number

5853367600